

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

RECEIVED

A Public Document

**1. Agency Name**

City of San Jose

**Division, Department, or Region** (if applicable)

City Manager's Office

**Designated Agency Contact** (Name, Title)

David Sykes, City Manager

**Area Code/Phone Number**

(408) 535-8100

**E-mail**

webmaster.manager@sanjoseca.gov

San Jose City Clerk  
Date Stamp  
2018 SEP 28 PM 2:38

California  
Form

**802**

For Official Use Only

☐ **Amendment** (Must Provide Explanation in Part 3.)

**Date of Original Filing:** \_\_\_\_\_  
(month, day, year)

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 75.00

Event Description: SAP Center 25 Year Celebration Date(s) 9 / 14 / 18  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: San Jose Sharks/SAP Center at San Jose  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
See attached list	17	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Honored Guests at SAP at San Jose 25 Year Celebration
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

D. Sykes      DAVID SYKES      CITY MANAGER      9/28/18  
Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

Comment: \_\_\_\_\_

**SAP AT San José 25 YEAR CELEBRATION**

**Friday, September 14, 2018**

<b><u>LAST NAME</u></b>	<b><u>FIRST NAME</u></b>	<b><u>QTY OF TICKETS</u></b>
Jones	Chappie	2
Jimenez	Sergio	2
Carrasco	Magdalena	1
Davis	Dev	1
Arenas	Sylvia	2
Khamis	Johnny	1
Torres	Omar	1
Patrick Connelly	Shane	1
Moua	Louansee	1
Sykes	David	2
Walesh	Kim	2
Trujillo	Ted	1